

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2827	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2009
NAME OF PROVIDER OR SUPPLIER R & L ADULT CARE HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 S 7TH STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a the annual state licensure survey conducted at your facility on 9/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed as an 8 beds Residential Facility for Groups which provides care to elderly or disabled persons and persons with mental illness. The facility had 3 beds classified as Category I and 5 beds classified as Category II.</p> <p>There was 16 resident files reviewed. Four employee files were reviewed and 1 resident discharged file was reviewed. As a result of the survey, the facility received a letter grade of B.</p> <p>The following deficiencies were identified.</p>	Y 000		
Y 072 SS=D	<p>449.196(3) Qualications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every</p>	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 2 Findings include: Employee #2 lacked documented evidence of a pre-employment history & physical. Employee #2 had a chest x-ray dated 8/29/07 but there was no documented evidence of a prior history of a positive tuberculosis screening test. Employee #4 has a documented history of a positive mantoux tuberculosis skin screening on 4/4/03. Employee #4 lacked documented evidence of a signs & symptoms surveillance check for 2008. This was a repeat deficiency from the 10/9/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview on 9/16/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. Severity: 1 Scope: 3	Y 274		

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Y 451 SS=F	<p>449.231(2)(a)-(f) First Aid Kit</p> <p>NAC 449.231</p> <p>2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:</p> <ul style="list-style-type: none"> (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. <p>This Regulation is not met as evidenced by: Based on observation on 9/16/09, the facility failed to have a first aid kit available with the required components. There was no first aid/CPR mask or shield.</p> <p>Severity: 2 Scope: 3</p>	Y 451			

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